

Adolescent Childbearing

is a term referring to females who become pregnant and deliver a child during their "teenage" years. [‡]

[‡] Depending upon the purpose and source, maternal age range for adolescent childbearing may vary.

What is adolescent childbearing?

Also known as "teen pregnancy," adolescent childbearing refers to females who become pregnant and deliver a child during their "teenage" years. Often confused is the difference between adolescent *pregnancy* and *births* to adolescent mothers.

"Teen pregnancy," although widely used, refers to any instance of conception for a female who is 13-19 years of age. Such an instance could have various outcomes that are difficult to track, such as spontaneous abortion (miscarriage) or induced abortion. Health data reported on a birth certificate is accessible regarding live births.

Why is adolescent childbearing an important health issue for Detroiters?

The teens who become mothers are a select group who tend to be medically underserved, have health problems and risks, suffer extreme socioeconomic disadvantage, and often educational disadvantage prior to their pregnancies. These characteristics increase their chances of experiencing poor birth outcomes such as preterm delivery, low birth weight, or infant mortality. They also predispose teen mothers and their children to long-term socioeconomic disadvantage, itself associated with a wide range of health risks.

Except for the very youngest teens, research suggests that the young age of the mother may not contribute directly to these poor outcomes, but the existence of very high rates of teenage childbearing in Detroit is indicative of a large target population of women, children and families at risk for poor health outcomes.

Overall, comprehensive multi-disciplinary interventions to improve academic opportunities and performance, address extreme economic deprivation, and serve adolescent and young adult health needs (particularly those of Black females) might discourage teenaged childbearing. As well, they may improve the quality of life for teens and young adults in the broader community. For sure, though, if teen pregnancy is to be looked upon as a health problem, these broader areas and any other related factors should be considered in efforts to intervene. In addition, programs that increase the ability of pregnant teens to utilize prenatal health services will aid a large proportion of Detroit's children to begin life with good health.^{7,8,9}

Births to Adolescent Mothers in Detroit

As with the city, birth rates to young women in the 15-19 age category have been declining

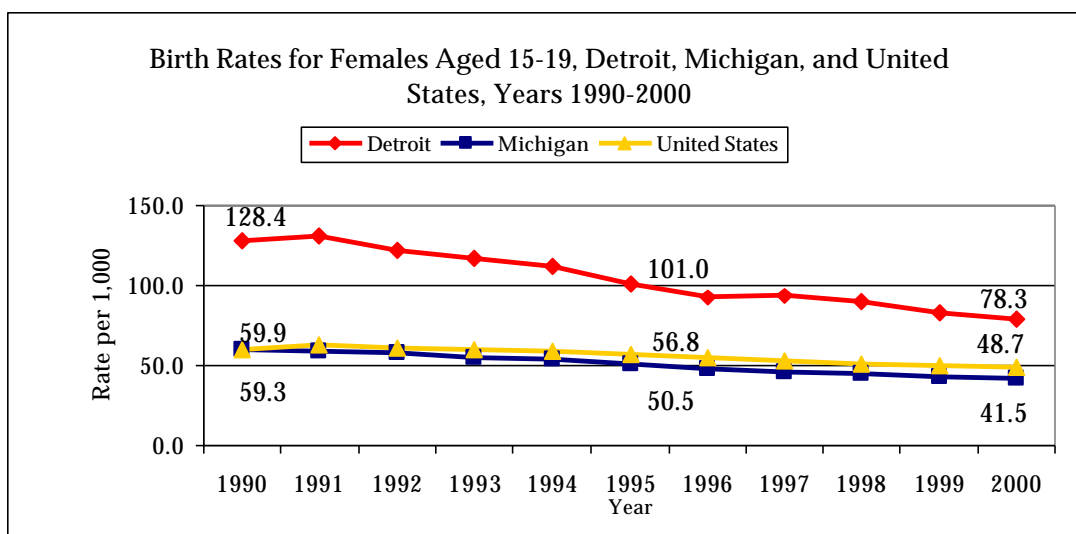


Figure 6

statewide and nationally (see Figure 6). In 1990, the rate of births to Detroit females aged 15-19 more than doubled the state and national rates; and in 2000 it nearly doubled those rates. Still, the decline has been dramatic in births to Detroit females in this age group. In 2000, there were 50 fewer births per 1000 female residents aged 15-19 years than in 1990.

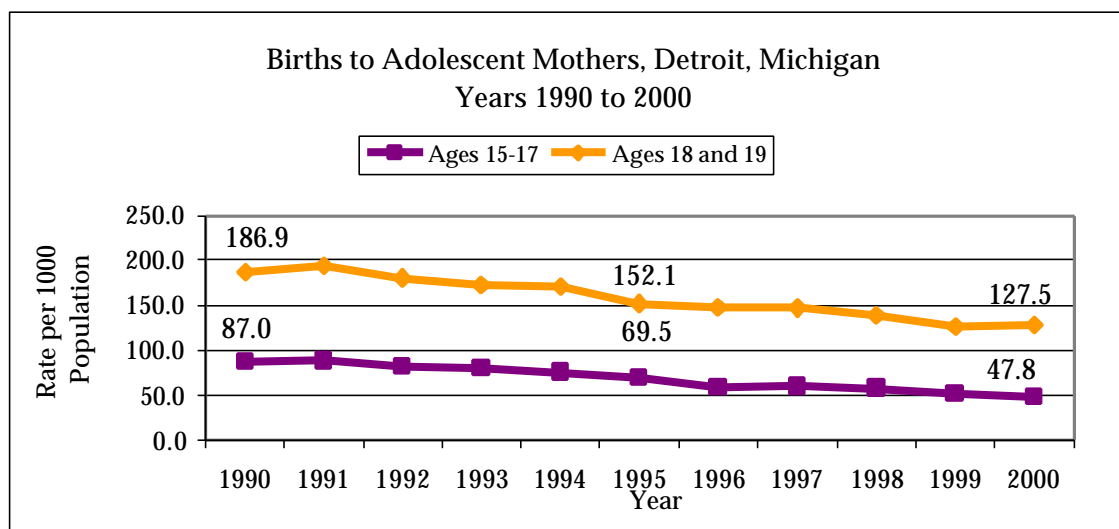


Figure 7

Figure 7 depicts the decline of birth rates to Detroit females in the 15-19 age category over the past decade. The age category is further separated here to display rate differences between 15-17 year olds and females who gave birth when they were 18 or 19 years old. The birth rate to Detroit mothers aged 18 and 19 years old more than double those for 15-17 year olds. Birth rates for women ages 18 and 19 have consistently been double or more than those for ages 15-17.

Healthy People 2010 has objectives to reduce the national pregnancy rate to 43 per 1000 females aged 15-17 in 2010. The most recent pregnancy rate available for the United States was the 1997 rate of 63.7 estimated pregnancies for females in this age group.¹⁰ In 2000, Michigan females aged 15-17 had an estimated 35.5 pregnancies per 1000. The Detroit estimate for 2000 is 75.4 pregnancies per 1000 female residents aged 15-17.[§]

YOUTH RISK BEHAVIOR SURVEY

Detroit YRBS participants who reported ever having sexual intercourse declined from 1995 (72% of respondents) to 1999 (60.3% of respondents). Those percentages were higher than those reported by all Michigan participants who reported ever having sex (41% for 1995 and 44.6% in

[§] According to the Michigan Department of Community Health, Division for Vital Records and Health Statistics, Estimated Pregnancies are the sum of Live Births + Abortions + Estimated Miscarriages. The Division used a model developed by the Population Council (20% of the Live Births and 10% of Abortions) to calculate Estimated Miscarriages. Abortion data is drawn from provider reports to the Division.

1999). Of those who had sexual intercourse in the 3 months prior to the survey, 66% of the Detroit students reported using a condom in 1999 while 58.6% of the Michigan students did.^{11,**}

MICHIGAN PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

A component that is unique to the Michigan survey and pertinent to the Detroit population is that mothers were sampled from hospitals, interviewed just after delivery, and mailed follow up surveys. This was done to increase the likelihood that survey results would reflect the experiences of Black women. Of five hospitals from which Black mothers were sampled, four were in Detroit (Hutzel, Sinai, Grace, and Riverview Hospitals). ^{††}

Mothers under the age of 20 represented 11% of the total number of survey respondents. In some of the survey results, they were compared to women aged 20-29 and women over age 30. Of the post-partum mothers under age 20 who participated, 86.1% reported that their pregnancies were unintended, while 41% of the 20-29 group and 24.8% of the 30+ group reported. Of the women who did not intend to become pregnant, 43.1% of the mothers under 20 were using birth control. A larger percentage (9.2%) of the mothers under 20 delivered low birthweight infants than women 20-29 (7.4%) and women over 30 (6.3%).¹²

^{**} The Youth Risk Behavior Surveillance System (YRBS) was developed by the Centers for Disease Control and Prevention, in collaboration with other agencies including state and local departments of education and health. The YRBS includes national, state, territorial, and local school-based surveys of high school students. National surveys were conducted in 1990, 1991, 1993, 1995, 1997, and 1999. Data are available about Detroit and Michigan high school students who participated (beginning in 1995), and can be compared to data for the rest of Michigan and The United States.

^{††} The PRAMS is an annual survey of post-partum mothers conducted nationally by the Centers of Disease Control and Prevention and in the state by the Michigan Department of Community Health. The data from the survey is used to monitor progress toward national and state pregnancy related health objectives, including the increase of positive birth outcomes. As well, PRAMS is used to identify and monitor selected self-reported maternal behaviors and experiences that occur before, during, and after pregnancy among women who deliver live-born infants. Some of the survey results are related to the health behaviors of adolescent females prior to pregnancy and subsequent delivery of a live birth.